



# Influenza

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster

Name: \_\_\_\_\_

PHL Lab # \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Fever Highest measured temp (°F): \_\_\_\_\_

☐ ☐ ☐ ☐ Cough Cough onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Sore throat

☐ ☐ ☐ ☐ Shortness of breath

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Diarrhea

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Any current conditions such as:

☐ Smoker ☐ Alcohol or drug use

☐ Chemotherapy ☐ Neuromuscular disease

☐ Steroid therapy ☐ Organ transplant

☐ HIV/AIDS ☐ Chronic liver disease

☐ Cancer past yr. ☐ Chronic heart disease

☐ Asthma ☐ Chronic lung disease

☐ Diabetes ☐ Chronic kidney disease

☐ Cognitive abnl. ☐ Hemoglobinopathy

☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Pregnant if yes, weeks: \_\_\_\_\_ outcome: \_\_\_\_\_

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Chest x-ray ☐ Normal ☐ Abnormal ☐ Unk

☐ ☐ ☐ ☐ Chest CT or MRI ☐ Normal ☐ Abnormal ☐ Unk

☐ ☐ ☐ ☐ Pneumonia on x-ray, CT, or MRI

☐ ☐ ☐ ☐ Hypoxia (O<sub>2</sub> sat room air < 90%) O<sub>2</sub> sat: \_\_\_\_\_%

☐ ☐ ☐ ☐ Adult respiratory distress syndrome

☐ ☐ ☐ ☐ Admitted to intensive care unit

☐ ☐ ☐ ☐ Mechanical ventilation

☐ ☐ ☐ ☐ Treated with antiviral medications

Type, dose: \_\_\_\_\_

Dates started: \_\_\_\_/\_\_\_\_/\_\_\_\_ stopped: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Influenza vaccine this flu season # doses: \_\_\_\_\_

☐ Inactive (shot) ☐ Live (spray) ☐ Unknown type

Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy ☐ Specimens available: \_\_\_\_\_

### Laboratory

P N I O NT

☐ ☐ ☐ ☐ ☐ Influenza rapid test or EIA

☐ A ☐ B ☐ Unk

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen type\*: \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ Influenza PCR

Type: ☐ A H1N1, swine ☐ A H1N1, other

☐ A H3N2 ☐ A H5, avian ☐ A, other ☐ B

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen type\*: \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ Influenza culture

Type: ☐ A H1N1, swine ☐ A H1N1, other

☐ A H3N2 ☐ A H5, avian ☐ A, other ☐ B

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen type\*: \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ DFA or IFA for influenza

Type: ☐ A H1N1, swine ☐ A H1N1, other

☐ A H3N2 ☐ A H5, avian ☐ A, other ☐ B

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen type\*: \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ Bacterial respiratory cultures

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen type: \_\_\_\_\_

Result: ☐ MRSA ☐ MSSA ☐ Strep ☐ Haemophilus

\* NP swab, NP aspirate/wash, nasal, throat swab, tracheal, BAL

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period\*

-7 -1

onset

Contagious period

Contagious one day before symptoms to 24 hours after last symptom; longer in children.

Calendar dates:

**EXPOSURE (may be optional depending on circumstances of the case)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel to an area with confirmed novel flu  
☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

Y N DK NA

- ☐ ☐ ☐ ☐ Number people in household including case: \_\_\_\_\_  
☐ ☐ ☐ ☐ Contact with pneumonia or influenza-like illness  
☐ ☐ ☐ ☐ **Contact with confirmed human influenza case**

Type of contact: ☐ Household

☐ School / Child care ☐ Other: \_\_\_\_\_

Exposure was: ☐ Within about six feet of case

☐ Only touched items belonging to case

- ☐ ☐ ☐ ☐ Health care worker  
☐ ☐ ☐ ☐ Handled suspected influenza lab samples

Y N DK NA

- ☐ ☐ ☐ ☐ Health care setting exposure  
☐ Lab ☐ Health care worker ☐ Patient  
 Setting: ☐ Hospital ☐ ER ☐ Outpatient  
☐ Long term care ☐ Other: \_\_\_\_\_

- ☐ ☐ ☐ ☐ Congregate living or employment  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_

- ☐ ☐ ☐ ☐ Other congregate or group exposure  
☐ School ☐ Child care ☐ Sports  
☐ Shelter ☐ Other: \_\_\_\_\_

- ☐ ☐ ☐ ☐ Contact with confirmed or presumptive animal/bird novel influenza case Animal/bird: \_\_\_\_\_

- ☐ ☐ ☐ ☐ Poultry or farm animal exposure  
 Type: ☐ Poultry (chicken, duck, goose)  
☐ Wild bird ☐ Swine, pig  
☐ Other: \_\_\_\_\_

Animals were ☐ Healthy ☐ Sick ☐ Unk

Location of contact (e.g., farm, zoo) and address: \_\_\_\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Nosocomial infection suspected  
☐ ☐ ☐ ☐ Work or volunteer in health care setting during contagious period

Facility name: \_\_\_\_\_

- ☐ ☐ ☐ ☐ Close contact works in health care setting

**PUBLIC HEALTH ACTIONS**

- ☐ Outbreak investigation  
☐ Home isolation instructions given Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Contact quarantine instructions given  
 Number recommended for quarantine: \_\_\_\_\_  
☐ Facility notified

**NOTES****OPTIONAL TRAVEL WORKSHEET**

Dates	Departure/arrival cities	Mode of travel (air, bus, etc.)	Number (e.g., flight)	Ill contacts

**OPTIONAL HOUSEHOLD WORKSHEET**

#	Name	Relationship*	Age (yrs)	Not ill	T>100F	Cough	Sore throat	Diarrhea	Onset
1									/ /
2									/ /
3									/ /
4									/ /
5									/ /

\* 1=spouse, 2=mother, 3=father, 4=child, 5=sister, 6=brother, 7=cousin, 8=aunt, 9=uncle, 10=grandmother, 11=grandfather, 12=no relation, 19=other

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_